
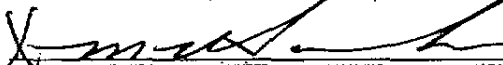


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 638889		
1. Entity Name HICKSON CONSTRUCTION COMPANY, INCORPORATED		
Principal Place of Business 1785 VICTORY'S PATH TR NEW SMYRNA BEACH, FL 32168		Mailing Address POST OFFICE BOX 1202 NEW SMYRNA, FL 32170 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PETERSON, SID C., JR. 418 CANAL ST. S DAYTONA, FL NEW SMYRNA BCH., FL 32168		<div>01242006 No Chg-P CR2E034 (11/05)</div> <div>4. FEI Number 59-1949511</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div> <div>DO NOT WRITE IN THIS SPACE</div>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div>UN00000424278 02/18/06-80040-022 150.00</div> <div>DO NOT WRITE IN THIS SPACE</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HICKSON, MICHAEL 1785 VICTORY'S PATH TR NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HICKSON, SUSAN S 1785 VICTORY'S PATH TRAIL NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/31/06 386-428-7401 <small>Date Daytime Phone #</small>